## THE COLONY PUBLIC LIBRARY PROGRAM PROPOSAL (APPENDIX A)

Contact Name:	
Email Address:	
Phone Number:	
Address:	
City, State, Zip Code:	
Proposals are reviewed by Library staff based on the Program Policy. A limited number proposals are accepted each year. Applicants will be notified of a decision within three submission. Proposals will be kept on file for one year.	
Program Description	
Program overview:	_
Outline of program:	_
Length of program and age of target audience:	$\neg$

Program presenter's qualifications (training, education, experience):		
Program Details		
Preferred date(s), day(s) and time(s):		
Describe how your program complements the Library's mission* and the interests of the community:		
*The Colony Public Library's Mission Statement provided in the Program Policy, p.1		
Previous presentations of this program (if any). Please attach any publicity samples.		

Equipment Needs:				
By signing below, I acknowledge tha	t I have received a	copy of The Colony Public Library's		
Program Policy, and I promise to adl	nere to the rules an	d guidelines therein.		
Signature Date	Prir	nted Name		
STAFF USE ONLY BELOW THIS LINE				
Review of Program Proposal				
Staff member/liaison assigned to pro	ogram:			
Project proposal decision notes:				
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Program Proposal Timeline				
Program Timeline	Date	Notes		
Received Programming Policy				

Program Timeline	Date	Notes
Received Programming Policy		
Volunteer Form Submission Date		
Program Proposal Submission Date		
Estimated Program Start Date		
Notification of Decision		
Program Start Date		
Program End Date		